



FARMER-VENDOR APPLICATION & AGREEMENT WIC & Senior Farmers' Market Nutrition Program (FMNP)



Mail completed application forms to:
FMNP

California WIC Program/LASB
3901 Lennane Drive, MS 8600
Sacramento, CA 95834

The Farmer-Vendor Application is used by the California Women, Infants and Children (WIC) Program and the California Department of Food and Agriculture (CDFA) to authorize farmers to provide eligible foods to program participants under regulations published by the United States Department of Agriculture. Please review the application instructions that accompany this application. This agreement will be in effect for 3 years unless terminated by either the State or the Farmer-Vendor. Applications Accepted: March 1 – September 30

Section 1: Farmer Information

☐ Currently enrolled in FMNP
(Enter 6-digit WIC Farmer ID Number):

☐ New applicant, no previous WIC Identification Number

Name of Farm

Farmer's Name (First, Last)

Mailing Address

City	County	ZIP Code
Phone (Home)	Phone (Business)	Phone (Cell)
FAX Number	Email Address	

Section 2: Locations Where You Sell Produce

List all Certified Farmers' Market locations where you sell produce and the days worked at that market. The first market you list must be where the manager works who signs Section 4 of this application. Circle all the days you sell at the market. See example below.

Name of Farmers' Market	Location and Address	Days of Operation
<i>Example</i> Main Street Farmers' Market	Main and 2 nd Street, Home Town, CA	(Sun) M T W (Th) F Sat
		Sun M T W Th F Sat
		Sun M T W Th F Sat
		Sun M T W Th F Sat
		Sun M T W Th F Sat

Section 3: Documentation of Farmer's Certified Producer's Certificate

Certification by the County Agricultural Commissioner: You must obtain a valid Certified Producer's Certificate from the Agricultural Commissioner for the county in which your farm is located. Please complete the information below and obtain a signature from the Market Manager in Section 4 below.

Certified Producer's Certificate Number (issued by the county)

Issuing County

Certificate Expiration Date (mm/dd/yy)

Section 4: Market Manager Verification

By signing this, the market manager verifies that the information in Section 3 provided by the farmer is correct.

Printed Name of Market Manager

Market Name

Signature of Market Manager

Date

Section 5: First-time Farmer Training Requirement

A face-to-face or interactive training is required during the first year of application. Training must be completed prior to submitting your application to the State. The training may be provided by a State or Local WIC Agency staff, or by a WIC-authorized Market Manager. Please obtain the trainer's signature here when training is completed. Returning farmer applicants may disregard this section.

Signature of Trainer

Title

Date

Section 6: Farmer Agreement and Signature

All the information in this application is true and correct. I understand that providing any false information may result in the California WIC and Senior FMNP denying or terminating my authorization to participate. By signing this application, I agree to follow all the program requirements governing the Farmers' Market Nutrition Program as stated in the Farmer and Market Manager Handbook.

Farmer-Vendor Signature

Print Name

Date

FOR STATE USE ONLY

Status:

Approved Denied Incomplete

Notes

Signature of State WIC Program Representative

Title

Date

In accordance with Federal law, U.S. Department of Agriculture policy and state law this institution is prohibited from discriminating on the basis of race, color, national origin, religion, political belief, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.